Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a yeld OMB control number. Approved for use through 7/31/2008, CMB 0651-0032 U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application of Docket Number Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASICFEE RATEO FEE O (3) CFR 1 1001.101.0 (C) IVA RATE (1) N/A SEARCH FEE FEE (1) NA 150.00 (37 CFR & 16(4), (4), or (my) N/A 300.00 N/A NIA NA EXAMINATION FEE \$250 (37 CFR | 16(0), (0), or (Q)) NIA 14A \$500 H/A TOTAL CLAIMS NA \$100 (37 OFR 1 16(1) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 X\$50 (37 OFR 1 16(h)) OR minus 3 . X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(1)) +180= +360-"If the difference in column 1 is less than zoro, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN OR CLAIMS SMALL ENTITY HIGHEST SMALL ENTITY ⋖ REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI: EXTRA RATE (\$) AMENDMENT ENDMEN ADOL. PAID FOR TIONAL Total DICFR 1.16()) TIONAL Minus FEE (\$) FEE (1) independent Ofers, Liang X\$ 25 Minus X350 OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OB = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL ADD L FEE ÓΩ ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (5) **AFTER** PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (\$) PAID FOR ADOI. TIONAL Total FEE (5) TIONAL (37 CFR 1.16(1)) Minus FEE (1) X\$ 25 . Independent Of CFR 1.18hij Minus X\$50 OR X100. Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

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ENDMENT

If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20". If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

the collection of information is required by 37 CFR 1.16. The information is required to obtain or rotain a bonefit by the public which is to file (and by the iPTO to process) an application. Confidentiality is povermed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. anding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

+180=

ADD'L FEE

TOTAL

+360=

ADD'L FEE

TOTAL

OR

OR .

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "O" in column 3.